

DOVED BIOLOGGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 768390	RECEIPT DATE:	02 / 20 / 01
IA NUMBER:	POT/ EP00 / 05800	IA FILING DATE:	06 / 23 / 00
FAMILY NAME:	HAAN	DELAY WAIVED (Y/N):	N
GIVEN NAME:	WIEBE DE	DEMAND RECEIVED (Y/N):	N
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	06 / 25 / 99
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	PHN 17,517	COUNTRY:	
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	000000	TELEPHONE 0000000000
			FAX
NAME:	PHILIPS ELECTRONICS NORTH AMERICA CORP		
STREET:	90 WHITE PLAINS ROAD		
CITY:	TARRYTOWN		
STATE/COUNTRY:	NY	ZIP:	10591
EMAIL:			
APPLICATION TITLES:			
	NUMBERING OF VIDEO OBJECTS AND CELLS		

TAB TO LAST POSITION,PUSH SEND



## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
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Bib Data Sheet

CONFIRMATION NO. 4848

<b>SERIAL NUMBER</b> 09/763,301	<b>FILING DATE</b> 02/20/2001 <b>RULE</b>	<b>CLASS</b> 386	<b>GROUP ART UNIT</b> 2615	<b>ATTORNEY DOCKET NO.</b> PHN 17,517	
<b>APPLICANTS</b> Wiebe De Haan, Eindhoven, NETHERLANDS; <b>** CONTINUING DATA *****</b> THIS APPLICATION IS A 371 OF PCT/EP00/05890 06/23/2000 <b>** FOREIGN APPLICATIONS *****</b> EUROPEAN PATENT OFFICE (EPO) 99202057.8 06/25/1999					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Allowance <u>Wle</u> Acknowledged Examiner's Signature Initials		<b>STATE OR COUNTRY</b> NETHERLANDS	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 10	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> U S Philips Corporation 580 White Plains Road Tarrytown, NY 10591					
<b>TITLE</b> Numbering of video objects and cells					
<b>FILING FEE RECEIVED</b> 1000	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		